Gas Strength and Tightness Testing (Non Domestic)

Enter Company Gas Safe Registration Number

CUSTOMER DETAILS

Name (Mr/Mrs/Miss/Ms): OS ACCOMODATION

Address: RUDLOW
ENDCLIFFE VILLAGE
SHEFFIELD

Postcode: S10 2LL

Tel No: –

Contract Number: 14711635

SERVICE CENTRE

Address: ESME
14 ENDCLIFFE CRESCENT
SHEFFIELD

Postcode: S10 3EA

Tel No: 0114 2224946

Indicate work undertaken: PERIODIC TEST/INSPECTION	Tightness test	✓	Strength test
Scope of works	Job No		
CARRY OUT INSTRUMENTED TIGHTNESS TEST FROM PRIMARY METER AND INSPECT THROUGHOUT			

Test Instrument	
Type (water/elec etc)	ELECTRONIC
Serial No if applicable	V300 JQE5390

TIGHTNESS TEST DETAILS	TPCP1	TPCP1A
Tested To TPCP1 or TPCP1A tick as apropriate		✓
Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG)		NG
Installation - New (N) - New extension (NE) - Existing (E)		E
Could weather/changes in temperature affect test? Yes/No		
Meter type (Diaphragm, Rotary etc) (N/A if meter not included in test)		DIAPHRAGM
Meter designation (U16, U40, P7 etc) (N/A if meter not included in test)		U6S
Pressure bypass installed if applicable (Yes/No/NA)		NO
Gas meter volume (m^3)		.100
Installation volume pipework and fittings (m^3)		.336
Installation volume total (m^3)		.436
Test medium - fuel gas, air		GAS
Tightness test pressure (TTP) mbar/bar		21.0
Gauge QRM		0.5
Pressure gauge type (water, high S8, electronic etc)		ELECTRONIC
Maximum permitted leak rate (MPLR) m^3/h		
Maximum Permitted pressure drop (mbar)		4.2
Let-by test period (minutes)		2
Stabilisation period (minutes)		6
Tightness test duration (TTD) (minutes)		3
Any inadequately ventilated areas to check? Yes/No		NO
Is barometric pressure correction necessary? Yes/No		
FINDINGS		
Actual pressure drop (if any) mbar		0.0
Actual leak rate m3/hr		
Have inadequately ventilated areas been checked? Yes/NA		NA
Tightness test Pass or Fail		PASS

STRENGTH TEST DETAILS	
State test method Pneumatic (P) or Hydrostatic (H)	
Installation - New (N) - New extension (NE) - Existing (E)	
Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/NA)	
Calculated strength test pressure (STP) (m/bar/bar)	
Test medium - air, nitrogen, water (hydrostatic test) etc	
Stabilisation period (minutes)	
Strength test duration (STD) (minutes)	
Permitted pressure drop (% STP)	
Calculated pressure drop (mbar/bar)	
FINDINGS	
Actual pressure drop (mbar/bar)	
Strength test Pass or Fail	

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Engineers Signature: [redacted] Date: 6/5/20

Print Name: [redacted]

Responsible Person's Signature

Attention : Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installations has been left operational.

NOTIFICATION OF UNSAFE GAS INSTALLATION - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a separate Warning/Advice Notice.

Engineers Signature Date

Print Name

Responsible Person's Signature

Copies : WHITE - Customer Copy YELLOW - Site Copy PINK - Office Copy GREEN - Engineer's Copy